

Training Request Form

I am planning the following training event:_____.

Training Event date:_____.

I would like OETAS to:

OETAS response:

<input type="checkbox"/> Obtain Venue	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Event Planning: <ul style="list-style-type: none"> ○ Develop Learning Objectives ○ Obtain Presenters/instructors ○ Develop Agenda ○ _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Develop Event Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Market Event	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Print Event Name Tags	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Collect money	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Make and Post Event Signage	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Copy Event Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Register Participants <ul style="list-style-type: none"> ○ In advance ○ On day of event 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Provide Audiovisual/ Technology Support <i>Equipment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Provide Refreshments	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Print Event Certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mail Certificates to Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature:_____ Date:_____

Training Information Form

Please complete the information below and submit the completed form to the MD Alcohol and Drug Abuse Administration, Office of Education and Training for Addiction Services. Please include the resume(s) or CV(s) of all instructors, including presentation speakers.

1. Organization/Agency

Name:

Address:

Phone:

Contact Person:

2. Training Event

Title:

Date(s):

Location:

3. Agenda

Please list each training session (course, workshop, plenary presentation, etc) separately.

1) Title:

Content Summary:

Instructional Method:

Learning Objective(s):

Session Duration:

Instructor:

2) Title:

Content Summary:

Instructional Method:

Learning Objective(s):

Session Duration:

Instructor:

3) Title:

Content Summary:

Instructional Method:

Learning Objective(s):

Session Duration:

Instructor:

4. # CEUs requested:

5. Signature:

6. Date:

Please submit form, including all instructor resumes/CVs to:

Alcohol and Drug Abuse Administration

55 Wade Avenue

Catonsville, MD 21228

c/o Office of Education and Training for Addiction Services

OETAS Use Only

Reviewed By:

Date:

#CEUs Granted:

Comments: